U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Ola 10	2. Fiscal Year Covered From:
43072	01/01/2014 Through: 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JOHN W SANDIFER	Name OPEN LOCAL 29
	Labor Organization File Number 016 408
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 535 OAKLAND AVENUE	Street 80 Swan Way
City OAKLAND	City OAKCAND
State ZIP Code + 4	State 24 ZIP Code + 4 91621
5. Position in labor organization. BUSINESS REPRESENTATIVE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name DA (DINE)	1994 1.14.16
Trade Name, if any:	UA (Nove)
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount. 7.b. Amount. Parallel (Novus) Inature If Perjury and other applicable penalties of the law, that all of the information hying documents), has been examined by the signatory and is, to the best of the

Telephone Number

Name of Person Filing John W. SANDIFER	File Number U- 3022
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. N/A (Nowe) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. N/A (Nowe)
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
City	

14.b. Amount of payment.

or Consultant

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13.b. Is the Business an Employer